

350 S. Loop 336 West, Conroe, TX 77304-3308 www.consolidated.com

February 1, 2016

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554

RE: Docket WC 14-171 - Annual Lifeline Eligible Telecommunications Carrier Certification Form for SureWest Telephone (SA 542334) and SureWest TeleVideo (SA 549012)

Ms. Dortch,

On behalf of Consolidated Communications and pursuant to 47 C.F.R. §54.416 and Docket WC 14-171, enclosed are the Annual Lifeline Eligible Telecommunications Carrier Certification Forms (FCC Form 555) for 2015 results of SureWest Telephone and SureWest TeleVideo. As required, this filing is also being sent to USAC and the California Public Utilities Commission.

Please contact me at (936) 521-7078 or gina.jaramillo@consolidated.com with any questions or concerns.

Sincerely, /s/ Gina Jaramillo Regulatory Analyst II Consolidated Communications 350 S. Loop 336 West Conroe, TX 77304

Enclosures

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

542334	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a contract of the contract of	vertification form for each SAC through which it provides Lifeline service).
CA	SureWest Telephone
State	ETC Name
Consolidated Communications	Consolidated Communications Holdings, Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
determined in accordance with Section 3(2) of the Communications	Yes No
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be comptroller, treasurer, or a comparable position. If the fil	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete	
I certify that the company listed above has certification pro	ocedures in place to:
A) Review income and program-based eligibility docume that, to the best of my knowledge, the company wa income and/or program-based eligibility prior to his or	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am auth above.	orized to make this certification for the Study Area Code listed
Initial MJS	

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
2856	0	59	539	2258

Recertification Results:

F	\mathbf{G}	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2746	256

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	W 144 Y

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial ______

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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2746	256	9.33%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes 🔘

No 👩

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer

Michael.shultz@consolidated.com

Email Address of Officer

Gina Jaramillo

Person Completing This Certification Form

Vice President

Printed Name and Title of Officer
01/28/2016
Date
936-521-7078

Contact Phone Number

Affiliated ETCs

SAC	Name
341037	Illinois Consolidated Telephone Company
442109	Consolidated Communications of Texas Company
549012	SureWest TeleVideo
442072	Consolidated Communications of Fort Bend Company
170193	Consolidated Communications of Pennsylvania Co.
351096	HEARTLAND TELECOMMUNICATIONS COMPANY (
361427	MANKATO CITIZENS TELEPHONE COMPANY
361375	Midcommunications Inc.
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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

549012	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	rtification form for each SAC through which it provides Lifeline service).
CA	SureWest TeleVideo
State	ETC Name
Consolidated Communications	Consolidated Communications Holdings, Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications owns or controls, is owned or controlled by, or is under common own C.F.R. § 76.1200.	Yes No
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
	station prior to enrolling a consumer in the Lifeline program, and spresented with documentation of each consumer's household
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am authorabove.	orized to make this certification for the Study Area Code listed
Initial MJS	

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
161	0	2	26	133

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
155	20

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

Xerox

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial MJS

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

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155	20	12.91%

Section 4: Pre-Paid ETCs

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Yes 🔘

No 🗿

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
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January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	
Total Subscribers	0	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer

Michael.shultz@consolidated.com

Email Address of Officer

Gina Jaramillo

Person Completing This Certification Form

Vice President

Printed Name and Title of Officer
01/28/2016
Date

936-521-7078

Contact Phone Number

Affiliated ETCs

SAC	Name
341037	Illinois Consolidated Telephone Company
442109	Consolidated Communications of Texas Company
542334	Sure West Telephone
442072	Consolidated Communications of Fort Bend Company
170193	Consolidated Communications of Pennsylvania Co.
351096	HEARTLAND TELECOMMUNICATIONS COMPANY (
361427	MANKATO CITIZENS TELEPHONE COMPANY
361375	Midcommunications Inc.
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